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| **Application Form for Reviewing Closed Circuit Television Footage** | | | | | | | | | |
| Application Date: / / (yyyy/mm/dd) | | | | | | | | | |
| ※ Please elaborate on how, when and where the incident happened, and sign this application form after reviewing the footage. | | | | | | | | | |
| Description | | | | | | | | | |
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| Personal Information | | | | | | | | | |
| Name:  Unit (Dept.):  Student (Staff/Faculty) No.:  Contact No.:  E-mail Address: | | | | | | | | | |
| Notices | | * 1. The ownership of the footage being reviewed belongs to I-Shou University. No reproduction or broadcasting is permitted, and the footage shall not be used as evidence unless with consent of the University. Violators will be disciplined according to the law.   2. No footage is permitted to be reviewed unless this application is filed by the person involved or requested by competent authorities for a major criminal case, and approved by competent units of the University.   3. The footage being reviewed must not be transferred to a third party or saved on any devices, and applicants are allowed to review it only on campus in the presence of the University’s staff.   4. When the time and location being applied for are incorrect, please reapply. Please sign the application form after reviewing the footage. | | | | | | | |
| Remark | | 1. Please return this application form to the staff in charge for future reference. 2. The application form is kept for six days from the application date. | | | | Reviewing Completed on | | | |
| / / (yyyy/mm/dd) | | | |
| Applicant | Unit Head / Office of Military Education | | Labor Safety and Hygiene Office | | | | Secretary - General | Vice President | President |
| Staff in Charge | Deputy Chief | Director | |
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